

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031427

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 5368

Registrar's No. 410

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY Jacksonb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN BlueLength of stay in 1b  
App. 20 min.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Floating in Mo. RiverInside Limits  
Yes ☐ No ☒

c. CITY OR TOWN Independence

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
9608 E. 9th St.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

MR. AUGUST

FREDRICK

DOELLING

4. DATE OF DEATH

Month

Day

Year

August

25, 1962

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
Aug. 17, 18879. AGE (last birthday)  
75IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Retired Brick Mason

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Lienen Kettenvenne, Germany12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Jacob Doelling

13b. MOTHER'S MAIDEN NAME

Whilamine

14. NAME OF HUSBAND OR WIFE

Alma E. Doelling

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give way or dates of service)  
Yes W.W.#117. INFORMANT  
Mrs. Alma Doelling

Address

9608 E. 9th St., Indep., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Contusion Chest + drowning

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female, was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
Drove car on bridge + jumped20c. TIME OF  
INJURYHour a.m. p.m.  
8:25 p.m.

about 70 ft in Missouri river

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)  
mo river

20f. CITY, TOWN, OR LOCATION

JACKSON MO

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw him/her live on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Hugh H. Owens Coroner

22b. ADDRESS

152 Union Station

22c. DATE SIGNED

8-27-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

Aug. 28, 1962

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn

23d. LOCATION (City, town, or county)

Independence, Missouri

24. FUNERAL DIRECTOR

ADDRESS

OTT &amp; MITCHELL, Indep., Mo.

25. DATE RECD. BY LOCAL REG.

8-28-62

26. REGISTRAR'S SIGNATURE

Alma L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

SFB 6 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.